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CONFIRMATION NO. 3636

<b>SERIAL NUMBER</b> 10/551,546	<b>FILING OR 371(c) DATE</b> 07/12/2006 <b>RULE</b>	<b>CLASS</b> 299	<b>GROUP ART UNIT</b> 3673	<b>ATTORNEY DOCKET NO.</b> 1406/300
<b>APPLICANTS</b> Willi Utz Scheffe, Cleebrohn, GERMANY; Dieter Hammel, Nussdorf, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/13650 12/01/2004 <i>yes</i>				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 10357327.5 12/05/2003 <i>yes</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/29/2006</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after, met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 10
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 25297				
<b>TITLE</b> Device for the removal of coverings laid on flat surfaces				
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	